

CLIENT REGISTRATION FORM – 2024

Title: **First Name:** **Surname:**

Address..... Home Tel No.....
.....
..... Mobile No.....

Postcode: _____

Email address.....

Date of Birth: __ / __ / __

Emergency contacts (In the event of accident or sudden illness)

First contact	Second contact (optional)
Name	Name
Home Tel No.....	Home Tel No.....
Work No	Work No
Mobile No.....	Mobile No.....

Are there any Medical conditions/Allergies that we should be aware of?

Optional: Details of previous experience and requests regarding the lessons you wish to have?

Instructor(s):.....

I would like to ride at the Yorkshire Riding Centre (YRC) and UNDERSTAND THAT RIDING IS A HIGH RISK SPORT AND INVOLVEMENT WITH HANDLING AND RIDING HORSES HOLDS A POTENTIAL DANGER. I will at all times wear an approved safety helmet when riding at YRC.

I understand that horses are not machines and can do unpredictable things that may cause me (or the rider if under 18yrs, to whom this form refers) to sustain an injury. I accept this risk and will not hold the YRC liable for any injury or illness that may arise to myself (or the rider under 18yrs to whom this form refers), for whatever reason as a result of handling horses or riding at YRC.

Signed..... **Signed**.....**Parent/Guardian**
Also to be signed by the Parent/Guardian in the case where the person to whom this form refers is under the age of 18yrs.

Date.....